

**County of San Diego, Health and Human Services Agency (HHSA)
Cash Assistance Program for Immigrants (CAPI) Program Guide**

Fraud Referral

Number

99-113.3

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Revision Date:

September 16, 2016

Background:

This section provides policies and procedures for referring cases for potential fraud in CAPI.

Purpose:

To provide instructions for referring cases for a fraud investigation in CAPI.

Policy:

When conflicting or inconsistent information cannot be resolved, a referral to the Public Assistance Fraud Division (PAFD) is required to get such clarification.

1. Early Fraud Detection/Prevention or Full Field Referrals:

The table below shows how to determine which type of fraud referral is appropriate.

Referral	Action
Early Fraud Detection/Prevention (EFD/P) Referral	<p>The intent of EFD/P is to have the investigator complete the investigation before an application is granted to prevent the issuance of aid to a deceptive applicant or to terminate fraudulently obtained benefits shortly after granting. Send a referral to the EFD/P investigator stationed in the FRC when there is unresolved questionable information and when one of the following conditions is met:</p> <ul style="list-style-type: none">• The SAWS 1 date is less than 90 days old• An allegation/suspicion derived directly from the redetermination process (information obtained from the redetermination is in conflict with information in the case record and the recipient is unable to provide a satisfactory explanation), and referral made as soon as possible following the redetermination process• The referral is made within 90 days from the date the worker receives the ICT notification. <p>The goal of PAFD is to complete the EFD/P investigation within three to five workdays.</p>
Full Field Referral	<p>Refer any fraud allegation that does not meet the criteria for an EFD/P referral to Full Field investigations. PAFD has 90 days from the assignment date to provide a report on a Full Field referral.</p>

2. Referral Process:

Follow the actions in Processing Guide 99-113.3A for a PAFD referral.

3. Referral Information:

Desk Aid 99-113.3B shows the information that should be forwarded to the PAFD investigator when a referral is initiated.

4. Referral Rejections from PAFD:

Desk Aid 99-113.3C shows the reasons for a referral being rejected and how to prevent the rejection.

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5. Overpayment Specialist/PAFD Liaison:

Each FRC should have designated one supervisor as the CAPI Overpayment Specialist/PAFD Liaison. The CAPI Overpayment Specialist is responsible for the computation of all CAPI Full Field overpayments that directly result from PAFD Full Field investigations.

The duties of the CAPI Overpayment Specialist are to oversee the following, upon receipt of the investigation packet from the PAFD Full Field investigator:

- Review of information to determine if fraud or similar fault exists and for which recipients
- Communication with PAFD investigator to obtain/provide clarification, as necessary
- Identification of the overpayment period
- Determination of the overpayment amount
- Referral of overpayment collection to ORR, as appropriate
- Data entries, as appropriate
- Completion and mailing of form 11-100 HHSA, Overpayment Response to OSU to the OSU Clerk at W416
- Prompt return of all packet information to the PAFD Full Field investigator. Note: None of the documents provided in the packet are to be imaged to the case. PAFD will retain the documents in their files for future reference
- Narration of all actions taken in a narrative sheet to be imaged, along with a copy of form 11-100 HHSA and the Investigation report in the case file.

Procedure:

Follow the actions in the policies above and Processing Guide 99-113.3A for fraud referrals to PAFD.

Program Impact/s:

None.

References:

MPP 20-000 and 20-200

Sunset Date:

This policy will be reviewed for continuance on or by 09/30/2019

Approval for Release:



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Eligibility Operations